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**PRETREATMENT MONITORING REPORT**NAME: City of Clifton, Firehouse No. 6MAILING ADDRESS: 900 Clifton Avenue, Clifton, New Jersey 07013FACILITY LOCATION: Firehouse No. 6, 1202 Van Houten StreetCATEGORY & SUBPART: \_\_\_\_\_ OUTLET #: 001CONTACT OFFICIAL: James Yellen, P.E. TELEPHONE: 973-470-6793NEW CUSTOMER ID / OUTLET ID: 03630002-1 OLD OUTLET DESIGNATION: \_\_\_\_\_

Start			End		
01	01	2009	01	31	2009
MO	DAY	YR	MO	DAY	YR

Average                      Maximum

Regulated Flow-gal/day \_\_\_\_\_

Total Flow-gal/day      654                      2083 719

Method Used: \_\_\_\_\_ Totalizing flow meter readings / 29 working days.

Average = 18,961 gallons in 29 working days = 654 gal/day

Production Rate (if applicable) \_\_\_\_\_

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement	< 0.003	< 0.003	Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.0968	0.0968	Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	0.0182	0.0182	Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement	< 0.002	< 0.002	Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement	0.0234	0.0234	Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.419	0.419	Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
SGT-HEM	Sample Measurement	< 5.2	< 5.2	Mg/l	1	Grab
	Permit Requirement	100		Mg/l		
TVOC	Sample Measurement	0.0376	0.0376	Mg/l	1	Grab
	Permit Requirement					
BOD	Sample Measurement	< 3.4	< 3.4	Mg/l	1	Comp
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					



**PRETREATMENT MONITORING REPORT**

Certification of Non-Use if applicable (use additional sheets): \_\_\_\_\_ N/A

FEB 20 2009

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: \_\_\_\_\_ The City of Clifton is in compliance with the PVSC permit limitations.

Explain Method for preserving samples: \_\_\_\_\_ Samples collected for TVOC and SGT-HEM (Non-Polar Material) analyses were preserved with HCl  
and chilled to 4° C. Samples collected for metals analyses were preserved with HNO<sub>3</sub> and chilled to 4° C. The BOD sample was  
chilled to 4° C.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



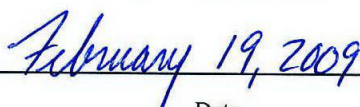
Signature of Principal

Executive or Authorized Agent

Thomas DeMichele

Project Supervisor/ N-2 Operator

Type Name and Title



Date

Raw Data: T129287.D

Accutest Laboratories

## Report of Analysis

Page 1 of 2

Client Sample ID:	FH6	Date Sampled:	01/21/09
Lab Sample ID:	JA10343-1	Date Received:	01/21/09
Matrix:	AQ - Ground Water	Percent Solids:	n/a
Method:	EPA 624		
Project:	City of Clifton, NJ		

Run #	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	T129287.D	1	01/28/09	YCB	n/a	n/a	VT5004
Run #2							

Run #	Purge Volume
Run #1	5.0 ml
Run #2	

## VOA TVO List

CAS No.	Compound	Result	RL	MDL	Units	Q
107-02-8	Acrolein	ND	50	2.0	ug/l	
107-13-1	Acrylonitrile	ND	10	0.85	ug/l	
542-88-1	Bis(chloromethyl)ether	IND			ug/l	
71-43-2	Benzene	37.2	1.0	0.12	ug/l	
75-27-4	Bromodichloromethane	ND	1.0	0.13	ug/l	
75-25-2	Bromoform	ND	1.0	0.19	ug/l	
74-83-9	Bromomethane	ND	1.0	0.18	ug/l	
56-23-5	Carbon tetrachloride	ND	1.0	0.099	ug/l	
108-90-7	Chlorobenzene	ND	1.0	0.13	ug/l	
75-00-3	Chloroethane	ND	1.0	0.20	ug/l	
110-75-8	2-Chloroethyl vinyl ether	ND	5.0	0.96	ug/l	
67-66-3	Chloroform	ND	1.0	0.094	ug/l	
74-87-3	Chloromethane	ND	1.0	0.17	ug/l	
124-48-1	Dibromochloromethane	ND	1.0	0.11	ug/l	
106-93-4	1,2-Dibromoethane	ND	1.0	0.17	ug/l	
95-50-1	1,2-Dichlorobenzene	ND	1.0	0.14	ug/l	
541-73-1	1,3-Dichlorobenzene	ND	1.0	0.18	ug/l	
106-46-7	1,4-Dichlorobenzene	ND	1.0	0.21	ug/l	
75-71-8	Dichlorodifluoromethane	ND	2.0	0.91	ug/l	
75-34-3	1,1-Dichloroethane	ND	1.0	0.10	ug/l	
107-06-2	1,2-Dichloroethane	ND	1.0	0.31	ug/l	
75-35-4	1,1-Dichloroethene	ND	1.0	0.17	ug/l	
156-59-2	cis-1,2-Dichloroethene	ND	1.0	0.15	ug/l	
156-60-5	trans-1,2-Dichloroethene	ND	1.0	0.18	ug/l	
78-87-5	1,2-Dichloropropane	ND	1.0	0.33	ug/l	
10061-01-5	cis-1,3-Dichloropropene	ND	1.0	0.16	ug/l	
10061-02-6	trans-1,3-Dichloropropene	ND	1.0	0.21	ug/l	
123-91-1	1,4-Dioxane	ND	130	55	ug/l	
100-41-4	Ethylbenzene	ND	1.0	0.23	ug/l	
151-56-4	Ethylenimine	IND			ug/l	
75-09-2	Methylene chloride	ND	1.0	0.12	ug/l	
79-34-5	1,1,2,2-Tetrachloroethane	ND	1.0	0.10	ug/l	

ND = Not detected MDL = Method Detection Limit

RL = Reporting Limit

E = Indicates value exceeds calibration range

J = Indicates an estimated value

B = Indicates analyte found in associated method blank

N = Indicates presumptive evidence of a compound

Accutest Laboratories

## Report of Analysis

Page 2 of 2

Client Sample ID: FH6	Date Sampled: 01/21/09
Lab Sample ID: JA10343-1	Date Received: 01/21/09
Matrix: AQ - Ground Water	Percent Solids: n/a
Method: EPA 624	
Project: City of Clifton, NJ	

## VOA TVO List

CAS No.	Compound	Result	RL	MDL	Units	Q
127-18-4	Tetrachloroethene	ND	1.0	0.58	ug/l	
108-88-3	Toluene	0.36	1.0	0.20	ug/l	J
71-55-6	1,1,1-Trichloroethane	ND	1.0	0.11	ug/l	
79-00-5	1,1,2-Trichloroethane	ND	1.0	0.15	ug/l	
79-01-6	Trichloroethene	ND	1.0	0.45	ug/l	
75-69-4	Trichlorofluoromethane	ND	2.0	0.44	ug/l	
75-01-4	Vinyl chloride	ND	2.0	0.16	ug/l	
1330-20-7	Xylenes (total)	ND	1.0	0.15	ug/l	

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
17060-07-0	1,2-Dichloroethane-D4 (SUR)	107%		62-139%
2037-26-5	Toluene-D8 (SUR)	99%		85-120%
460-00-4	4-Bromofluorobenzene (SUR)	95%		74-118%

ND = Not detected      MDL = Method Detection Limit  
 RL = Reporting Limit  
 E = Indicates value exceeds calibration range

J = Indicates an estimated value  
 B = Indicates analyte found in associated method blank  
 N = Indicates presumptive evidence of a compound

Accutest Laboratories

## Report of Analysis

Page 1 of 1

3.1

Client Sample ID: FH6	Date Sampled: 01/21/09
Lab Sample ID: JA10343-1	Date Received: 01/21/09
Matrix: AQ - Ground Water	Percent Solids: n/a
Project: City of Clifton, NJ	

## Metals Analysis

Analyte	Result	RL	Units	DF	Prep	Analyzed By	Method	Prep Method
Cadmium	<3.0	3.0	ug/l	1	01/23/09	01/23/09 RP	EPA 200.7 <sup>1</sup>	EPA 200.7 <sup>3</sup>
Copper	96.8	10	ug/l	1	01/23/09	01/23/09 RP	EPA 200.7 <sup>1</sup>	EPA 200.7 <sup>3</sup>
Lead	18.2	3.0	ug/l	1	01/23/09	01/23/09 RP	EPA 200.7 <sup>1</sup>	EPA 200.7 <sup>3</sup>
Mercury	<0.20	0.20	ug/l	1	02/05/09	02/05/09 JW	EPA 245.1 <sup>2</sup>	EPA 245.1 <sup>4</sup>
Nickel	23.4	10	ug/l	1	01/23/09	01/23/09 RP	EPA 200.7 <sup>1</sup>	EPA 200.7 <sup>3</sup>
Zinc	419	20	ug/l	1	01/23/09	01/23/09 RP	EPA 200.7 <sup>1</sup>	EPA 200.7 <sup>3</sup>

(1) Instrument QC Batch: MA22064

(2) Instrument QC Batch: MA22116

(3) Prep QC Batch: MP46984

(4) Prep QC Batch: MP47126

RL = Reporting Limit

1

<div style="text-align: center;"> <b>ARCTEST</b>          Laboratories       </div>		2235 Route 130, Dayton, NJ 08810 TEL: 732-329-0200 FAX: 732-329-3499/3480 www.arctest.com		FED-EX Tracking # _____ Account Order # <b>7</b>		Bottle Order Count # _____ Account Job # <b>JA10343</b>															
<b>Client / Reporting Information</b> Company Name: <b>Matrice New World</b> Street Address: <b>170 E-4th Rd, Apt. 420</b> City: <b>East Haven</b> State: <b>CT</b> Zip: <b>06424</b> Project Contact: <b>Tom DeMichele</b> E-Mail: _____ Phone #: <b>973 240 1800</b> Fax #: _____				<b>Project Information</b> Project Name: <b>City of Cl. Han</b> Street: <b>Van Houten</b> Billing Information (if different from Report to): Company Name: <b>Cl. Han</b> State: <b>CT</b> Project #: <b>08-404E</b> Street Address: _____ City: <b>Shelton</b> Zip: _____ Client Purchase Order #: _____ Project Manager: <b>Tom Russ Baer</b> Attention: _____				<b>Requested Analysis (see TEST CODE sheet)</b> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>BOB (SN20 5210B)</b>  <b>P4C (ERA 1664A)</b>  <b>CO, Cu, Pb, Hg, Ni, Zn (20)</b>  <b>TVC (ETA-624)</b> </div> <div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td><td>1</td><td>3</td></tr> <tr><td>2</td><td>3</td><td>2</td><td>4</td></tr> </table> </div> </div>				1	2	1	3	2	3	2	4	<b>Matrix Codes</b> DW - Drinking Water GW - Ground Water WW - Water SW - Surface Water SO - Soil SL - Sludge SED - Sediment OI - Oil LIQ - Other Liquid AIR - Air SOL - Other Solid WP - Wipe FB - Field Blank EB - Equipment Blank RB - Rinse Blank TB - Trip Blank	
1	2	1	3																		
2	3	2	4																		
<b>Turnaround Time (Business days)</b> <input checked="" type="checkbox"/> Std. 15 Business Days <input type="checkbox"/> Std. 10 Business Days (by Contract only) <input type="checkbox"/> 10 Day RUSH <input type="checkbox"/> 5 Day RUSH <input type="checkbox"/> 3 Day EMERGENCY <input type="checkbox"/> 2 Day EMERGENCY <input type="checkbox"/> 1 Day EMERGENCY Emergency & Rush Turnaround available via Lablink				<b>Approved By (Arctest P#): / Date:</b> _____ _____ _____ _____ _____				<b>Data Deliverable Information</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Commercial "A" (Level 1)  <input type="checkbox"/> Commercial "B" (Level 2)  <input type="checkbox"/> FULLT1 (Level 3+4)  <input checked="" type="checkbox"/> NJ Reduced  <input type="checkbox"/> Commercial "C"         </div> <div> <input type="checkbox"/> NYASP Category A  <input type="checkbox"/> NYASP Category B  <input type="checkbox"/> State Forms  <input type="checkbox"/> EDD Format  <input type="checkbox"/> Other _____         </div> </div> <p>Commercial "A" = Results Only          Commercial "B" = Results + QC Summary          NJ Reduced = Results + QC Summary + Partial Raw data</p>				<b>Comments / Special Instructions</b> <b># Insufficient Sample Volume (P4C). Vol. OK, 1/16/92</b>									
<b>Sample Custody must be documented below each time samples change possession, including courier delivery.</b>																					
Relinquished by Sampler: <b>[Signature]</b> Date Time: <b>1-21-09 / 1600</b>		Received By: <b>[Signature]</b> Received By: <b>3</b>		Relinquished by: <b>[Signature]</b> Date Time: <b>1-21-09 1830</b>		Received By: <b>[Signature]</b> Received By: <b>4</b>															
Relinquished by: <b>5</b> Date Time: _____		Received By: <b>5</b> Date Time: _____		Custody Seal # _____ <input type="checkbox"/> In use <input type="checkbox"/> Not In Use		Preserved where applicable On Ice <input checked="" type="checkbox"/> Cooler Temp. _____															

## 4.1

**JA10343: Chain of Custody**  
**Page 1 of 2**